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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	107715,322
Filing Date	11/14/2003
First Named Inventor	Brian A. Hamman
Art Unit	2836
Examiner Name	
Attorney Docket Number	QNX003

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Patent Dominion LP				
Address	555 Republic Drive, Suite 200				
Address					
City	Plano	State	TX	Zip	75074
Country	USA				
Telephone	972-516-4288	Fax	972-422-9104		

I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Brian A. Hamman		
Signature			
Date	10-11-04	Telephone	940-440-9148

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/715,322
Filing Date	11/14/2003
First Named Inventor	Brian A. Hamman
Title	LIQUID COOLING SYSTEM
Art Unit	2836
Examiner Name	
Attorney Docket Number	QNX003

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Arthur W. Fisher	27,439

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Brian A. Hamman				
Address	845 Fairview Drive				
Address					
City	Aubrey	State	TX	Zip	76227
Country	USA				
Telephone	940-440-9148	Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	10.11.04
Name	Brian A. Hamman	Telephone	940-440-9148
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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